



# Nurse Corps News

Volume 12, Issue 6

November/December 2018

## Director's Message: Are You Mission Ready?



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NCNEWS-REQUEST

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At our last Nurse Corps VTC, I was asked a question concerning the recent [Deployability Instruction](#). The question was, "When will we start seeing individuals sent home due to non-deployability?" At the time I didn't have a definitive answer, but I do now, and I want pass along this information. The answer is *now*.

PERS has already sent letters to officers who have been in a non-deployable status for the past 12 months, or who are in the three-month window of being non-deployable for the past 12 months. Moving forward, PERS will send these letters every month.

Why is this happening? The reason is that each and every one of us needs to be deployment ready to ensure the Navy is able to meet its mission. The Deployability Instruction was put into place to ensure Navy personnel are ready and able to "fight tonight" in support of the Secretary of Defense's directive to maximize lethality and readiness.

I encourage you to be familiar with the [entire instruction](#), but these are some highlights:

The instruction applies to Navy active component, full-time support, and selected reserve personnel, commands, and activities.

Each of us is responsible for maintaining individual readiness in all areas, at all times. Readiness includes medical, dental, physical, and administrative (e.g., maintaining a family care plan) readiness.

Commands are responsible for monitoring your deployability status and will use fitness reports, counseling, and other tools to document if you are not taking appropriate action to ensure your deployability.

Commands will notify Commander, Navy Personnel Command of your non-deployability status.

A Service member's medical deployability will be considered during all healthcare encounters, including the annual Physical Health Assessment (PHA), and during sea duty and overseas duty



**Tina Davidson, RDML, NC**

**Director, Navy Nurse Corps**

screenings. Additionally, individual medical readiness deficiencies will be identified and updated at the time of the PHA.

Deployment category codes will be used to classify each Service member and enable accurate tracking. The four categories are: Category 1- Fully deployable; Category 2- Deployable with limitations; Category 3- Temporarily non-deployable; and Category 4- Permanently non-deployable.

Service members who have been non-deployable for 12 consecutive months will be notified, and, if not already being administratively processed for other reasons, must be administratively processed.

Pregnant and post-partum Sailors are the only members exempt from this policy.

The light duty, limited duty, and medical evaluation board processes will be utilized for medical issues resulting in non-deployable status.

Retention requests/waivers are available and should be routed via your Chain of Command per the instruction guidance.

Navy Nurses, please take your individual and family readiness seriously. You are so important to the mission of the U.S. Navy and our country. I cannot lose a single one of you; each one of you is too valuable. Are you mission ready?~



**Mary Riggs, RADM, NC**

**Deputy Director,  
Reserve Component**

Leadership at any given point can be a challenge. When we find ourselves in a time of ambiguity and what seems to be a dynamic shift in our paradigm, we need to utilize every asset we have to forge ahead and lead. Secretary of Defense Mattis set the tone for increasing lethality for our military in a competitive global arena. He stated, “We must have better individual and unit discipline than our enemies.” How does that translate for Naval Officers in general and, more specifically, for our Nurse Corps? How do you define readiness? Does it mean a checklist for deployment readiness, or does it mean more? Does it mean having your head in the game and having a mindset of “being ready to win?” This is how we should be forming our thoughts as we form our leadership skills for the future. For most of us, leadership talent is not inherently born. The good news is that with knowledge, study, mentorship,

and practice, leadership skills can not only be acquired, but mastered!

There are so many opportunities the Navy offers to improve education, leadership, and readiness in the Navy! Every fiscal year, the [Navy Medicine Course Catalog, Nurse Corps Edition](#), is sent out online to the Nurse Corps, and published on milSuite. Offerings encompass courses which follow our [Navy Nursing Professional Practice Model](#). Leadership courses include Basic and Advanced Medical Department Officer Courses, Intermediate and Senior Officer Leadership courses, MedXcellence, and the Senior Officer Legal course, just to name a few. Operational courses are offered through Defense Medical Readiness Training Institute, such as the Combat Casualty Care Course, Basic and Advanced Joint Medical Operations Courses, and Joint Medical Planning Tool. Some of the courses require a pre-requisite and some have certain qualifications such as rank or leadership role. For every course there are a particular number of seats offered and some educational offerings are highly competitive, for instance the Service Colleges. Opportunities are advertised Navy wide for the competitive seats. The Army and Air Force offer the same opportunities and many Navy officers take part in these courses for Joint Professional Military Education and Masters degrees. The bonus of attending these program is to broaden your global view and to see where the Navy fits in with the Joint services and in our

mission. An excellent course for Reserve Officers that is not listed in the catalog is Navy Reserve Unit Management (NRUM), which provides basic managerial, administration, and leadership knowledge to lead an effective and efficient Reserve Unit. To learn more about this course and how to sign up, [click here](#) and type NRUM in the search field.

Last, but certainly not least, is self-directed education such as working on reading the CNO recommended book list or personal preferences on military subjects. Knowing our history allows us to ponder on “lessons learned” and to be aware of various leadership styles, both positive and negative. Books such as “We Band of Angels” or “In Harm’s Way” focus on military nurses, leadership, and changing paradigms. “True North” focuses on the Race to the North Pole and “Shackleton’s Way” is a hallmark book on leadership. These books explore the past, but it would be in our best interest to explore Russia, China, and the Middle East as well. There are so many books to explore and share with other Sailors.

I encourage all of you to explore the many professional development opportunities the military has to offer. Share these experiences, and bring them full circle by teaching others so we are all “Ready to Win.”~

*Reserve Component: Did you know there's a milSuite page built with you in mind? Click on the Naval Reserve icon to check it out!*



## Extension Requests for Duty Under Instruction Applicants



**Deborah Roy, CAPT, NC**

### Deputy Director, Nurse Corps

Nurse Corps leaders! From time to time, a topic of concern bubbles up to my ears. This is a good thing, and is an indicator that communication channels are open. A recent “bubble” was concern about decision criteria used for projected rotation date (PRD) extension requests submitted in order to apply for Duty Under Instruction (DUINS). There is perceived inequity regarding who receives an extension, and for what reason. With the assistance of our Nurse Corps detailers and the Senior Nurse Corps Leadership Team (the senior governance body for the Nurse Corps), we did some digging.

There are multiple drivers that govern extension requests: command support of the request, reason(s) behind the request, benefit or hindrance to the officer’s career, open billet needs across the enterprise, and benefit to the Navy. We found that, in general, for those specialties that were adequately manned, with fewer unfilled billets in

overseas and operational settings, extensions for DUINS were supported. For those communities with manning challenges, with multiple unfilled overseas and operational billets, extensions for DUINS were not supported.

The rationale used by our Nurse Corps detailers in making these decisions is sound, and meets longstanding Navy, Nurse Corps, and PERS guidelines. However, this practice creates inequities between specialties. Many of you have heard my soap box about fairness: “If life was fair, we would all be millionaires or we would all have the same challenges in life.” We will never achieve fairness, but we can strive for equity. Equity, in my mind, requires a standard rubric by which decisions are made, so the same considerations are applied to all decisions. With this in mind, recommendations were presented to and approved by **RDML Davidson** as to how to manage requests for extensions for the purpose of applying for DUINS. From this point forward:

**-Nurse Corps will no longer support extensions for DUINS applicants of any specialty during the first officer tour.**

**-Officers will still be able to apply for DUINS from their first tour as long as their PRD is within the four-month window (if stationed in CONUS) or two-month window (if OCONUS or Operational) as mandated by PERS guidance.**

**-PRD extensions will continue to be considered for second and third tour officers whose PRD is not in the four month or two month PERS window.**

**-Extensions already negotiated with detailing will be honored.**

RDML Davidson and I are aware that this decision may be disappointing to many of you. The Nurse Corps officer’s drive to seek advanced education and professional development is strong, and the thought of delaying these goals is difficult. When considering the mission of Navy Medicine and our Nurse Corps responsibilities toward that mission, filling the overseas, operational, and remote commands is an essential task. Optimizing the deckplate experience of our officers to prepare them to serve in multiple settings and situations; and having seasoned nurses working alongside more junior nurses and Hospital Corpsmen in those environments improves patient outcomes and the care provided.

***To emphasize the above, Nurse Corps officers may still apply for DUINS out of their first tour, but they must meet PRD guidelines.***

Thank you for raising your concerns and ideas, and keep them coming! Your insights will help to create a stronger Nurse Corps.

*Post Script: you may have heard some rumblings concerning the 2019 DUINS board. There were some changes to the DUINS opportunities that were advertised earlier this year. Here is the gouge in a nutshell:*

*Some Navy Medicine billets are being transferred to the line to support various efforts. These billet transfers are driven by “Big Navy” initiatives and have nothing to do with MedMACRE billet realignment.*

*Continued on page 4*



## Updates to DUINS Applications (cont.)

The total numbers and breakdown of specialties are not yet fully known, but we do know that we are losing training seats as a result of the billet losses.

In the past, Nurse Corps had a total of 152 DUINS seats for all specialties. This number has been reduced to 112. The 40-seat reduction will be applied across two cycles. DUINS opportunities for 2019 were reduced from 56 to 40 seats.

As a result, several specialties will not have DUINS opportunities for 2019: Pediatric Nurse Practitioner, Army Baylor Programs,

1903 Nursing Education, Informatics, and The Joint Commission. Other specialties had seats reduced: Certified Registered Nurse Anesthetists, Family Nurse Practitioner, and Manpower. Other specialties had no applicants.

Decisions to eliminate or reduce DUINS opportunities were based on alignment to operational mission and overall health of the communities affected.

Nurse Corps is NOT stopping the training pipelines for any individual specialty permanently. We will analyze each year's

DUINS opportunities based on current needs and existing funding.

Your Senior Nurse Executives have been briefed on these changes and are available for questions.

These billet cuts were unexpected. Many officers worked very hard on their various school and DUINS packages and we sincerely regret that these changes had to be made.~

[Find more information about DUINS on milSuite.](#)

## Always Ready for Tasking: Fleet Operational Nursing

**Cindy Baggott, CAPT, NC**

**Fleet Nurse, U.S. Fleet Forces Command and U.S. Pacific Fleet**

The [2018 U.S. National Defense Strategy](#) discusses the importance of prioritizing preparedness for war, including through development of a lethal, agile, and resilient force posture and employment. We must be disciplined, focused, and deliberate.

Whether assigned to a full-time operational billet or an augmentation platform such as a Casualty Receiving and Treatment Ship (CRTS), Expeditionary Resuscitative Surgical System (ERSS), Expeditionary Medical Facility (EMF), or T-AH (hospital ship), Navy nurses must maintain readiness to deploy upon short notice. What is readiness, and how do you prepare to practice in an austere afloat or ashore environment? Early planning facilitates professional and personal preparation.



Promise Initiative to reaffirm U.S. Southern Command's longstanding commitment to the nations of the Western Hemisphere. (Photo by MCI Andrew Brame)

Clinical competency and currency are imperative. Strengthen your physical assessment, procedure, and paper documentation skills. Utilize a simulation lab to challenge yourself. Consider that you may be the only clinical specialty representative on a small team in Sub-Saharan Africa. Can you palpate a blood pressure, determine IV drip rates without a calculator, and set up a chest tube? Have you mentored others to quickly and effectively assume your current duties?

Conduct a personal assess-

PACIFIC OCEAN (Nov. 27, 2018) LCDR Shannan Rotruck, left, a certified registered nurse anesthetist, discusses the progress of an emergency appendectomy with LT Mark Abadilla, a critical care nurse, aboard the amphibious transport dock ship USS Somerset (LPD 25), Nov. 27, 2018, while underway in the Pacific Ocean. Somerset is part of Littoral Combat Group One, which is deployed in support of the Enduring  
ment. Do you have all required uniforms, dog tags, and current prescription extra glasses? Are your Page 2, life insurance, last will and testament, general and special powers of attorney, and family care plan current? Communication capability (including internet) may be limited in your deployment area. Who do you trust to pay your bills and care for your vehicle during your extended absence? Are you medically and dentally ready?

In 2019, we must resolutely lead from the front to support our Warfighter requirements.~

## Expeditionary Medical Facility Dallas “Crushes” It

**John Givens, CAPT, NC**  
**SNE, EMF Dallas One HQ**

In October, twenty-seven geographically dispersed nurses assigned to Expeditionary Medical Facility (EMF) Dallas One made history by participating in the inaugural Operational Readiness Evaluation (ORE) and Phase II certification for a Reserve Component (RC) EMF platform.

The ORE was conducted at the Naval Expeditionary Medical Training Institute at Camp Pendleton, CA. This 12-day evaluation had two primary objectives. The first objective was the construction and retrograde of an EMF field hospital. This included set up and familiarization of all key functional areas, establishment of the Collective Protection System, completion of mission essential classroom training, and evaluation of functional area performance. The second objective was set up and familiarization with equipment used during an EMF deployment. For many of our nurses, this was their first experience

building and retrograding an EMF field hospital.

During the exercise, personnel practiced scenario/mission training and emergency procedures and tested the patient throughput process. The activities culminated with the ORE to assess multi-disciplinary coordination and communication across functional areas, patient throughput capability, casualty receiving, and proper medical evacuation of casualties under simulated mass casualty and combat conditions. The evaluation concluded in a determination that Reserve RC EMF was deployable and ready to assume duties in a Tier 1 Readiness status.

The twenty-seven Navy Reserve nurses who participated in the ORE came with a broad range of sub-specialties and deployment experience. While many of the nurses met

for the first time on this exercise, they quickly assimilated into a high functioning, strongly cohesive team. As usual, the Navy nurses came ready to perform, with a positive “can do” attitude, bringing a wealth of knowledge and clinical expertise.

When it came time to execute the actual evaluation, the nurses “crushed” it, once again showcasing the talent we have in the Navy Reserve NC. The EMF RC platform and the nurses who staff it are “ready to deploy” anytime, anywhere, and under any conditions necessary to support the Warfighter.~



CAMP PENDLETON, CA (October, 2018) CDR Stephanie Kasper, NC, LCDR Robin Herrmann, NC, and LCDR Kandy Powers, NC, preparing for surgery during the exercise. (Photo submitted by CAPT J. Givens/Released)



### Operational Readiness/Jointness

We are able to function and succeed across a complex spectrum of environments, considering and honoring the personal views of all those we serve. Our operational readiness and jointness are the versatility of our mission across all theaters.

The operational readiness and jointness domain is only one component of the [Professional Practice Model](#). As its prominent location on the upper left corner illustrates, it is a cornerstone of the Model and a vital component of a Navy nurse’s career. In the future, Navy nurses will continue to answer the call to service. Preparing Navy nurses as joint military professionals early in their career, using the same vigor that goes into preparing them to be *clinical professionals*, ensures that Navy nurses will meet the expectation of the Nurse Corps to support joint initiatives, meet Navy Medicine’s mission, and improve Navy Medicine interoperability.~



## Farewell from the Nurse Anesthesia Specialty Leader

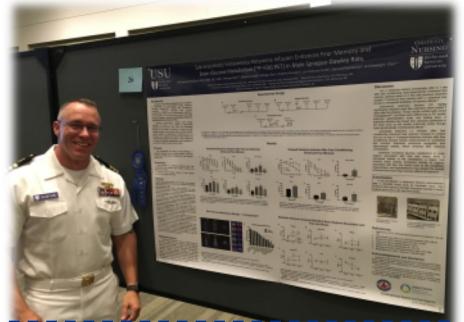


**John Volk, CAPT, NC  
Specialty Leader, 1972**

As I continue to turn over responsibilities as the specialty leader for nurse anesthesia, it is incredible how fast the last three years have transpired. Representing one of our high demand/low density communities provided challenges along the way, but was one of the most rewarding “collateral duties” of my career. If you have ever considered representing your community in this capacity, don’t just consider it, make the leap! I assure you, the professional and personal growth is incredible. I would like to thank all of the applicants that submitted applications to replace me, I am confident that

**CDR Darren Couture** and the Assistant Specialty Leader, **CDR Shane Lawson**, will continue to foster growth of the nurse anesthesia community in support of Navy Medicine and our strategic mission. The following are some accomplishments since our last article.

**DUINS:** Counting this year, we will have had three years of competitive selection boards for pursuit of a Doctor of Nursing Practice degree in nurse anesthesia at the Uniformed Service University of the Health Sciences (USUHS). I would like to thank all the leadership throughout the NC for their support of our future clinical leaders; special thanks to the critical care nursing community for providing us with stellar candidates! If you’ve considered nurse anesthesia as a possible career, please seek out one of my colleagues. They are very enthusiastic about their craft and would love to share their experiences. In addition to our traditional DUINS pipeline, we are in the process to recruit civilian critical care nurses directly into the nurse anesthesia program at USUHS. We hope to have our first students matriculate as early as May of 2020.



**BOSTON, MA (September, 2018) CDR Kenneth Radford, NC, and his first place poster presentation at the 2018 Annual Congress of the American Association of Nurse Anesthetists (Photo by CAPT J. Volk//Released).**

**OPERATIONAL:** As I mentioned, we are a high demand/low density specialty. This translates to numerous opportunities for operational and overseas assignments. You will see nurse anesthetists in any setting where surgical or resuscitative services are provided or anticipated. Some of the many opportunities include shipboard settings on fleet surgical teams and aircraft carriers, field-based opportunities such as Kandahar and Afghanistan, and humanitarian and disaster relief operations. Operational nursing is the reason that we wear the uniform, so it should excite you...if it does, please consider CRNA as a career.

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**BOSTON, MA (September, 2018) Navy CRNAs in attendance at the 2018 Annual Congress of the American Association of Nurse Anesthetists (Photo submitted by CAPT J. Volk//Released).**



## Farewell from the Nurse Anesthesia Specialty Leader (cont.)

**PROFESSIONAL DEVELOPMENT:** For the third consecutive year, I had the opportunity to coordinate attendance at the Annual Congress for the American Association of Nurse Anesthetists. This activity consistently provides an outstanding source of continuing education and showcases our research and other scholarly work. **CDR Kenneth Radford** has numerous awards for his research and was awarded the first place prize for a poster presentation for the second year in a row. We were honored to have a town hall discussion with our Deputy Corps Chief, **CAPT Deborah Roy**. This was a very informative session with outstanding participation

and discussion.

In closing, I would like to thank all who supported me over the last three years, not the least of which is my wife of 31 years, Leslie, as well as our three daughters, Ashley, Brittany, and Chelsey. I would like to thank **Admiral Davidson** for her support, as well as the team at BUMED: **CAPT Roy**, **CAPT Aune**, **CAPT Hurley**, and **CAPT McGee**. Of course, I could not have been successful without the support of our regional Senior Nurse Executives and those at military treatment facilities. **CAPT Myerhuber**, Navy Medicine Professional Development Command, was a

valuable asset, as were the wonderful folks in Millington.

Last, but certainly not least, thank you to my colleagues in nurse anesthesia for your professionalism and support; you are the finest CRNAs, bar none. ~



USUHS (December, 2018). CRNA students. See more Nurse Corps Holiday Photos on [page 11](#) and on our [Flickr site!](#)

## Maternal Infant/Neonatal Critical Care Specialty Update



**Patricia Butler, LCDR, NC**

**1920/1964 Specialty Leader**

**Whitney Brock, LT, NC**

**Assistant Specialty Leader**

It has been another amazing year serving as your Maternal Infant and Neonatal Critical Care Specialty Leader team! You are vocal and effective advocates

who continue to make significant contributions to improving perinatal safety.

Our community members serve as leaders and active participants in multiple initiatives and working groups. One such project is the Obstetric Hemorrhage Bundle (OBHB) Working Group's Postpartum Hemorrhage Bundle 2.0. The revision was recently finalized, and Navy leads are now assisting with the Defense Health Agency (DHA) Phase 1 MTF implementation by sharing lessons learned and best practices. Another exciting initiative is the newly formed DHA Women and Infant Clinical Community (WICC) Perinatal Clinical Nurse Specialist working group. The team recently held their inaugural teleconference with impressive tri-service representation and attendance. We

encourage our perinatal nurse leaders to engage in this opportunity for clinical fellowship with our Air Force and Army colleagues.

The Lactation and Infant Feeding Experience (LIFE) working group completed their input and submitted recommendations for the BUMED Lactation Instruction. The team is currently focusing efforts on establishing a long-term plan for data collection and analysis. Special thanks to **LCDR Melissa Rosloniec** for providing coverage as the interim chair.

Our community continues to focus on clinical readiness through simulation activities. **LCDR Amy Aparicio**, **LCDR Jessica Dalrymple**, **LT Chelsea Null**, and the rest of the team at USNH Guam set the bar high

*Continued on page 8*



## Maternal Infant/Neonatal Critical Care (cont.)

with their innovative prop design for a recent simulation exercise featuring a placental abruption scenario.

**LCDR Virginia Sullivan, LT Melissa Schmidt**, and the stellar process improvement team at NMC San Diego have been working hard to complete their latest project, “Obstetric Emergency Checklists.” This comprehensive list of thirty-one potential high-risk, low-volume emergencies is designed to optimize team response to critical obstetric events.

Several commands participated in World Breastfeeding Week by hosting “Latch-On” events, including NH Jacksonville. **LT Lindsey Bane** and her team of perinatal nurses continue to lead the way as a “Baby Friendly” facility. USNH Rota continues their efforts toward “Baby Friendly” designation as well, and is currently in the second of four phases of the process.

We would like to extend our heartfelt Bravo Zulus to all of our amazing perinatal nurses who witness miracles on a daily basis,

yet still take the time to maximize their own professional development. Several nurses recently earned certification as lactation counselors: **LT Erin Williams, LT Marisa McCullers, LT Bernadette Vingerhoets, LT Carolyn Hess, LT Acacia Elmer, LT Emma Diprinzio** and **LT Jessica Tate**. Congratulations are also in order for the following newly designated Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) Intermediate Fetal Monitoring Instructors: **LTJG Kaitlyn Tighe, LT Marisa McCullers, LT Josh Womack,**

and **LT Erin Williams**. **BZ to LCDR Jessica Dalrymple** for becoming certified in Pediatric and Neonatal Transport, and to **LCDR Amy Aparicio** for becoming a certified Lean Six Sigma Green Belt.

Lastly, we would like to share a special thank you to **LCDR Colleen Blosser** and **LCDR Laura Boerste** for providing seamless community coverage this summer while both members of your SL team were simultaneously out of office. We are truly humbled to work for such an incredible community!~

[Find us on milSuite!](#)



JACKSONVILLE, FL (Aug 3, 2018) NH Jacksonville held its inaugural “Latch On” event for breastfeeding and pumping mothers, their partners and family, and those who support women feeding their babies. NH Jacksonville was the first hospital on Florida’s First Coast certified “Baby Friendly.” (Photo by Yan Kennon, NH Jacksonville/Released).



USNH Rota kicked off the Baby Friendly Hospital Initiative in December 2017 and completed the first phase in July 2018.

With a team of 19 staff members, the team is motivated to offer patient-centered care and breastfeeding support that will extend beyond a patient’s inpatient stay. Expected completion date of Phase 2 is July 2019. (Photo by LT Valentin Chapa/Released)

The AWHONN Armed Forces Section had a successful year representing the interests of women's health, obstetrics, and neonatal nurses in 2018! The highlight event was the 2018 Annual AWHONN Convention, where the Armed Forces Section (AFS) held their annual conference on June 24, 2018 in Tampa, FL. There was great attendance of more than 40 Active Duty Army, Navy, and Air Force nurses, retired and civilian nursing personnel. A special thank you to **CDR Suzanne Maldarelli** for her phenomenal presentation on "Code Purple! Drills, Debriefs, and Documentation: Observations through Simulation." **CDR Maldarelli, Bravo Zulu!** Earlier this year, **LTJG Janell Green** received the Junior AWHONN Member Scholarship, a recruitment program which awards nurses new to the specialty with a one-year AWHONN membership to this professional organization. Involvement with AFS is a wonderful avenue to network with our peers among sister-services, collaborate to improve outcomes and process for women and newborns, and promote nursing excellence through evidence-based care initiatives. The leadership team is hard at work planning the 2019 AWHONN AFS meeting. *Save the date for the AWHONN Convention: June 6 - 12, 2019 at the Georgia World Congress Center, Atlanta, GA.*



## Pediatric Nursing and Pediatric Nurse Practitioner Updates



**Kari Johndrow, CDR, NC**

**Specialty Leader, 1922/1974**

**Rhys Parker, LCDR, NC**

**Assistant Specialty Leader**

Greetings, Fellow Nurse Corps Officers from the Pediatric Nursing and Pediatric Nurse Practitioner (PNP) Specialty Leader and Assistant Specialty Leader! We are excited to serve the 1922 and 1974 communities, working together as a team to enhance the professional lives of our shipmates and the healthcare provided to our beneficiaries! As we approach the end of another year, we would like to present the exciting endeavors we have planned for the new year and celebrate the accomplishments of our members. Of note, we would like to thank **CAPT Elisabet Prieto** for all of her hard work and dedication to the 1922 and 1974 communities over the past year, as she transitioned to her new role as Senior Nurse Executive (SNE), NHC Cherry Point. Congratulations, CAPT Prieto, we wish you the best of luck!

As we begin transitioning beneficiary care under the umbrella of the Defense Health Agency, standardization of workflow processes and documenta-

tion will be essential to increase efficiency, patient safety, and staff satisfaction, and to move us forward as a High Reliability Organization. Our primary focus over the next several months will be coordinating with our fellow NC Specialties and sister services to create outpatient pediatric clinical nurse protocols for utilization across the enterprise. We are coordinating quarterly VTC events to provide specialty updates and to answer questions from the communities. [Expanding milSuite utilization](#) across the community for collaboration, crowd-sourcing of ideas, and mentorship is on the horizon. LCDR Parker and I truly welcome deckplate involvement throughout community. If you are interested in participating or have recommendations for presentation topics or speaker requests, please reach out via email. As Helen Keller stated, "Alone we can do so little. Together we can do so much."

We would like to congratulate the leaders in our community: **CAPT Domotorffy**, SNE, NHC Annapolis, and **CDR Katie Stewart**, Director of Healthcare Business, NMC Camp Lejeune. Noteworthy presentations over this past year include **LT Jessica Tate**, who presented a poster entitled "Evaluation of a Medical Home Port's Use of Nursing Protocols" at the annual American Academy of Ambulatory Care Nursing Conference, with non-presenting contributors **LCDR Rhys Parker** and **CDR Christopher Crerar**; **LT Alyssa Doring**, NH Pensacola, who presented "Pediatric Early Warning System Utilization in a

Community Hospital Setting" at the National Capital Region Quality Symposium; and **LTJG Natalie Spritzer**, NMC San Diego, who presented "Care of Children in the Aftermath of a Disaster" and "Pediatric Trauma Care" in missions during Pacific Partnership 2018. BZ to **CDR Christine Davies** of NH Jacksonville for earning certification as an International Board of Lactation Consultant Examiner. Leading the way, NMCP pediatric nurses **LCDR Kimberly Hendricks**, **LTJG Maria Teasdale**, **LTJG Karen Jimenez**, and **LTJG Layne Dettor** became Certified Pediatric Nurses. **Alena Austin**, RN, was selected for the FY2019 Bachelor Degree Completion Program scholarship. **LTJG Natalie Spritzer** and **LT Amy Bene**, NHC Hawaii, also achieved Pediatric Nurse certification. **LT Jessica Hann**, USNH Yokosuka, achieved both Lactation Counselor and Pediatric Nurse certifications. **CDR Katie Stewart**, NMC Camp Lejeune, and **LCDR Rhys Parker**, USNH Naples, both completed their Master of Business Administration degrees, and **LT Jessica Hann**, USNH Yokosuka, completed her Master of Nursing degree, Executive Nurse Leader. One final accomplishment of note: Thank you to **LTJG Kendra Mikatarian**, NMC Portsmouth, for her outstanding clinical skills stabilizing a patient aboard an international flight from Sweden to the United States in August 2018. To all in our community and across the NC, you truly are a wonderful group of Officers, and we are proud to serve alongside you, anytime, anywhere.~



## Education and Training Management Specialty Update



**Neva Fuentes, CDR, NC**

**Specialty Leader, 1903/3150**

**David Antico, LCDR, NC**

**Assistant Specialty Leader**

Holiday Greetings Esteemed Colleagues! As we enter a season of cherished time with family and friends, I know many of you have been anxiously awaiting Duty Under Instruction (DUINS) results or preparing your officer record in anticipation of promotion boards. When planning New Year's resolutions, I encourage you to take the time to evaluate your own professional development. In alignment with the [Nurse Corps \(NC\) Professional Practice Model](#), the following opportunities are presented for your 2019 goal setting.

**Specialty Certification** Did you know there is a national association *and* board certification in Nursing Professional Development (NPD)? Recommended for Nurse Educators, Education and Training Management Specialists (ETMS), and Clinical Nurse Leaders, the NPD specialty "facilitates the professional role development and growth of nurses and other healthcare personnel along the

continuum from novice to expert" (*Harper & Maloney, 2016, p.6*). Essentially, the NPD specialty is the core of our NC. We are obligated to pursue our own excellence as well as charged with developing those around us to ultimately foster "teams to perform at or near their theoretical limits" ([Navy Leader Development Framework](#), April 2018, p. 4). With that, consider studying for the NPD certification!

**Advanced Education** The complexity and speed of change occurring in our organization today is mind blowing. Advanced education undoubtedly promotes advanced skills and critical thinking. But the dynamic nature of our current environment intensifies a sense of urgency to adapt to new and emerging issues. The good news: access to graduate school has never been easier due to an abundance of online programs. The bad news: predatory and non-accredited schools have increased. When returning to school, consider only nationally accredited graduate programs using validated sources, like the [Commission on Collegiate Nursing Education \(CCNE\) research tool](#). As an added bonus, many advanced nursing programs include board certification preparation as part of their curriculum.

**Competence to Confidence** Professional competence is the bedrock of trusted and confident leaders. As you take charge of 2019 and accelerate your personal development, consider your influence on those around you. If your self-assessment shows room for more intentional effort in the professional development of

those around you, seek out your local educators for information and guidance. A willingness to move outside of your comfort zone, coupled with careful listening, and the courage to acknowledge gaps are not only habits that foster a learning environment but also build leaders of character. Interested in our community? Check out the [NC Subspecialty Code Management Guidance](#) on milSuite or [visit our milSuite page](#).~



LAKE BUENA VISTA, FL (July 17, 2018) CDR Shawn Passons and Minnie Mouse at the Association for Nursing Professional Development 2018 Annual Convention. Not pictured, LT Katherine Boeder.

SAN DIEGO, CA. (March 22, 2018) CAPT Steven Parks, LCDR Vanita Williams, CDR Neva Fuentes, and LCDR Matthew McMahon at the Council of College and Military Educators Annual Symposium. Submitted by N. Fuentes/Released)

*Harper, M.G., & Mahoney, P. (Eds.). (2016). Nursing professional development: Scope and standards of practice (3rd. ed.). Chicago, IL: Association for Nursing Professional Development.*  
*Richardson, J.M. (Ed.). (April 2018). [Navy Leader Development Framework](#).*

## “Ready to Fight Tonight”



**Salee Oboza, CDR, NC**

**Specialty Leader, 1930/73**

Ever wonder what makes you operationally ready? As an embedded mental health provider, “Ready to Fight Tonight” are words to live by, but you might be surprised at what qualifies you to be operationally ready. I recently learned unique criteria when I had the opportunity to lead a multinational training evolution during Balikatan, the FY18 bilateral exercise with the Armed Forces of the Philippines (AFP). The Japanese Self Defense Force (JSDF) also

participated. Our team taught and led group discussions on Battlefield Mental Health and Post-Traumatic Stress.

Being Filipino American and fluent in the language allowed me to deliver the curriculum in the host nation language. This was the first criteria to be operationally ready. The second was a need for a practitioner who would be able to gain their understanding as well as empathize with their capabilities. A third criteria was my faith. They needed a Filipino provider who was a devout Catholic to remove a major barrier to delivering mental health care to their military members. Being a believer who was a practitioner gave me “street cred.” I was excited for the opportunity and thankful that my devotion to my faith allowed me to be the right fit for the mission. I was operationally ready in mind, body, and spirit.

During the two-day symposium, we delivered our curriculum to 55 highly receptive and engaged participants. We also created relationships/partnerships with the AFP and JSDF military members and civilian counterparts who worked for the Office of the Surgeon General of the Philippines.

As the Psych/Mental Health Nursing Specialty Leader, I’m most enthusiastic about our future operational opportunities. More operational and embedded mental health billets are coming on line that may offer similar involvements to what I had in May 2018. Our landscape is changing towards prevention and maintenance of a fit and ready force. I’m a true believer that there’s a psych nurse in all of us. Are you ready? If you’d like to know more about psychiatric nursing, please don’t hesitate to email me or [visit our milSuite page](#).~



PHILIPPINES (May 2018). Team photo with Philippine Air Force and Army members and The Office of the Surgeon General Philippines civilian providers. (Released)

PHILIPPINES - (May 2018) CDR Oboza leading a breakout session with The Office of the Surgeon General civilian providers and AFP and JSDF personnel. (Released)



## A Testament to the Power of Mentorship

**Natalie Spritzer, LTJG, NC**  
**NMC San Diego**

The Navy is a giant and extremely complex organization. From guidance with administrative tasks to navigating the seas of Navy Nurse Corps career paths, who do we turn to for help? We have our leadership, peers, sponsors, Navy Chief Petty Officers, career development boards, interdisciplinary colleagues, and MENTORS - every corner of our Navy family collectively pitches in to mutually help each other out!

**RDML Davidson** recently wrote about mentors in her NC Newsletter article, "Mentorship Takes Many Forms." Her words resonated strongly with my mentorship experiences and she reminded me of the gratitude I have for the mentors who helped me through the first two years of my career. How did I find my mentors? Like **RDML Davidson** mentioned, I found officers I admired and simply asked them for guidance, whether in person or by email. My mentors have so graciously provided me experiential knowledge, perspective, support, encouragement, and career opportunities I never imagined. For example, I recently presented at the Asia-Pacific Military Health Exchange conference in Xi'an, China - but I

never would have known this conference existed if my nursing research mentor, **CAPT Heather King**, had not encouraged me to apply!

If you are just starting your Nurse Corps career, please consider finding a mentor or two...or more. My experience with mentors has helped reinforce my realization of the unity we foster as a Nurse Corps and a military organization at large. Together, we can take the (often intimidating) complexity out of our Navy experience by helping each other. Many thanks to the mentors who have made such a profoundly positive impact on my Navy experience. I am grateful for the generous time you have spent assisting me - and I will be sure to pay it forward.~



LTJG Spritzer and attendees from China's PLA (People's Liberation Army) during the poster presentation session at the Asia-Pacific Military Health Exchange conference in Xi'an, China (21 SEP 2018). Photo taken by LT Holly Berkley, MC, USN/Released.

"Intermediate Leadership Course (ILC) was a phenomenal course that emphasized the importance of understanding yourself as a leader, including one's weaknesses and strengths. ILC focused on doing the right thing as a leader, along with how to analyze and select different courses of actions for real-life dilemmas. The leaders selected to speak at the course provided insight on challenges faced in leadership positions and pearls for success in today's military workforce." **LT Caitlin Carroll, NC, NHC Quantico**

For more information on ILC, see page 11 of the [Sept/Oct Nurse Corps News!](#)

QUANTICO, VA. (October 26, 2018) Admiral Davidson was the Capstone speaker at the Intermediate Leadership Course held in Quantico, Virginia; several nurses were in attendance. Pictured here (center), she met with the nursing staff at NHC Quantico, following her brief. Photo by CDR Maria Coon/Released.



## Integrated Trauma and Medicine Readiness Exchange

**Meghann Wilson, LT, NC**

**NMC San Diego**

From June to August 2018, three NMC San Diego nurses deployed to Military Hospital 103 in Hanoi, Vietnam. **LCDR Diana An, LT Gary Laccay, and LT Meghann Wilson** were part of a group of thirteen Navy medicine health care workers, collaboratively called the Integrated Trauma and Medicine Readiness Exchange (ITMRE). The global health engagement mission was a pilot program, in which the U.S. health care team worked to integrate into the Vietnamese medical system.

Over the course of the two-month exchange, the team members collaborated on patient care, conducted numerous training sessions, provided lectures, and worked to help implement protocols and checklists. In the Emergency Department, LCDR An trained staff in Tactical Combat Casualty Care guidelines and assisted with ultrasound familiarization. LT Laccay led multiple hands-on workshops to help improve sterile gowning and gloving technique in the Operating Room. In the Intensive Care Unit, LT Wilson focused on helping to align Vietnamese nursing practices with the American Association of Critical Care Nurses Practice Alert: Prevention of Ventilator-Associated Pneumonia in Adults.

The ITMRE personnel provided efforts to help improve patient care, infection control, and safety. In addition to the medical component, long-standing relationships were built, fostering the overall collaboration between the two nations.~



(Right) Hanoi, Vietnam. (31 July 2018 ) Meet and Greet with Military Hospital 103 Director of Nursing Services. Photo by Military Hospital 103 Staff/Released.



Hanoi, Vietnam. (31 July 2018 ) The 2018 Vietnam ITMRE Team, Military Hospital 103. Photo by Military Hospital 103 Staff/Released.

### Interested in GHE?

The U.S. government conducts [Global Health Engagement](#) (GHE) activities in support of national security policy and strategies; planners are positioned at the forefront of the evolving global health arena. To enhance programs and efforts to conduct global health activities, **Global Health Strategies for Security** (GHSS) 2019 will provide a comprehensive framework for understanding and action.

The target audience is strategic and operational level personnel responsible for developing and managing global health programs. The two-week course is conducted in collaboration with partner organizations. The next iteration of GHSS will be held in Arlington, VA from 1-12 April 2019 (exclusive of Sat/Sun). Participation in the course is via a competitive application process. For instructions on how to apply, [please click here](#).



## Naval Medical Centers Partner in Wake of Hurricane Florence

**MC1 Laura A. Myers**

**NMCP Public Affairs**

Caring for patients within the inpatient wards of military treatment facilities like Naval Medical Center Camp Lejeune (NMCCCL) does not stop because a Category 1 hurricane is barreling through the region. Hurricane Florence made landfall on September 14 near Wrightsville Beach, North Carolina, approximately 55 miles south of the medical center, and dumped heavy rain on the area.

The NMCCCL team within the Intensive Care Unit (ICU) had been dealing with the impacts of the slow-moving storm that forced the medical center to emergency power for 12 hours, as well as cope with internal hospital flooding, communication failures due to phone lines being down, and numerous internal alarms.

After Hurricane Florence passed and staff shifted to recovery mode, a request for fresh critical care nurses was near the top of the necessary supply and personnel lists, as the NMCCCL nurses had worked up to nine days straight.

That's when four of NMC Portsmouth ICU nurses answered the call and spent nearly two weeks augmenting NMCCCL staff. The team was notified on September 17 that they would be augmenting Camp Lejeune, and because of rising flood waters, they would be flown there. They were on scene from September 18 – 29.

The NMCP nurses – **LCDR Brian Burdick, LT Zackery Gray, LT Megan Holmstrom, and LT Christopher Connell**, the

ICU division officer – flew to Camp Lejeune from Naval Air Station Norfolk on a Sikorsky SH-60 Seahawk. Their arrival allowed NMCCCL's staff time to go home to take care of their families and property. "Many of them had been in the hospital for five or six days and hadn't been able to check on their homes," LT Gray said. "A couple of them had their homes destroyed, but hadn't even had a chance to check on them."

Six of NMCCCL's ICU nurses stayed behind and divided into two teams, working 12 hours on and 12 hours off to take care of their ICU patients during and after the storm. The patients ranged from active duty and retirees to civilian trauma patients.

"They used us to supplement their ICU staff for their critical care setting," LCDR Burdick said. "They kept us in their Critical Care Department because that's where their most acutely ill patients ended up."

"They (NMCCCL ICU nurses) were watching the destruction of their neighborhoods on news reports and worrying about family and friends," said **CDR Tara McGinnis**, lead critical

care nurse. "Having a fresh team who was not impacted by Hurricane Florence allowed our staff crucial time to care for their family and homes. The team came in fresh and eager to assist. They were incredibly supportive and hit the ground running!"

For LT Gray, the impact that he noticed upon arrival was the relief expressed by the mission essential staff. "For me, what I felt was the most crucial moment was when we got there and they realized they did have help, they were all exhausted," Gray said. "The reaction that they had to someone coming in to help them, let them get a little bit of rest, reset, was probably one of the most crucial things I noticed." LT Connell echoed this partnership and said the importance of this mission for NMCP was being able to provide support on short notice and to be where his staff needed to be. "I think the biggest thing down there (for NMCCCL) was that somebody was looking out for them," Connell said. "They knew that if they put a call out, it'd get answered. It's a different command, but it's still the Navy."~

*Check out "Lessons Learned" on the next page!*



Naval Station Norfolk (18 Sept 2018) HSC 26 provided the air transportation for the NMCP nurses to NMCCCL. Left to right: LT Holmstrom, LT Connell, LT Gray, LCDR Burdick. (Photo by CDR Brezovic/Released)

## Lessons Learned During Hurricane Florence

**Julie Vass, CAPT, NC**

**NMC Camp Lejeune**

For three days in September 2018, a Category One hurricane hovered over Eastern North Carolina, bringing record-setting rainfall and widespread flooding. The nurses of Naval Medical Center Camp Lejeune (NMCCCL) faced unique challenges in the face of this lingering storm, presenting a real test of disaster preparedness. Here are our **Lessons Learned**.



CAMP LEJEUNE, NC (19 Sept 2018)  
ICU NMCCCL Critical Care team weather Hurricane Florence. Photo submitted by CDR McGinnis/Released.

**Prepare:** Today's technology allows advanced notice of a hurricane's path. Supply personnel worked extra hours prior to Hurricane Florence's arrival to plus up consumables and prepare essential spaces to respond to a variety of patient care scenarios.

A majority of the service members and families were able to evacuate out of the path of the storm, which eased the strain on resources. However, prolonged flooding as well as widespread property damage kept hospital staff from returning to their homes and delayed the response of the recovery team. Essential personnel remaining on board eventually needed a respite; retaining a buffer of in-house nurses helped to ensure adequate rest periods for the teams. Close communication with staff at home in the local area provided a small cadre of relief workers and highlighted the importance of an accessible workforce for the recovery phase.

**Innovative Use of Resources:** Patients with home health services or hospice, oxygen requirements, and advanced technological implants were admitted to NMCCCL to ensure access to power, water, and medical care. The demand for beds quickly reached capacity; the nursing team utilized the Ambulatory Procedure Unit to create a temporary care ward. Staffed by Hospital Corpsmen, NMCCCL was able to meet the daily health care needs of these complex patients during and after the storm. In the Main Operating Room and sterile supply areas, in-house teams did not rely on existing alarms, but made hourly rounds to identify unstable environments and water leaks, enabling the movement of supplies and equipment in order to avoid costly losses of integral supplies.

**Teamwork:** Due to evacuations, Maternal-Infant services experienced a low census, allowing these nurses to exercise their medical-surgical skills by augmenting other clinical areas. As emergency encounters and admissions continued throughout Hurricane Florence, and transportation to a higher level of care was not usually possible, the Emergency Department and Intensive Care Unit staff came together to care for an unusual volume of high acuity trauma and medicine patients. Cooperation, communication, and multi-disciplinary collaboration were the keys to successful care delivery for patients that exceeded the usual capabilities of the medical center. ~

## Maiden Voyage: Nurse Residents on the USNS COMFORT

**Justina Whearty, ENS, NC**

**Abigail Howard, ENS, NC**

**Nurse Resident Program,  
NMC Portsmouth**

Nurse Residents from Naval Medical Center Portsmouth (NMCP) deployed on the USNS COMFORT (T-AH 20) on 10 October 2018 in support of Enduring Promise 2018. Although the mission was relatively short-fused and afforded little lead time

for the 15 junior officers, they embraced the opportunity to be part of this unique Medical Assistance Mission to Central and South America.

The Nurse Residency Program at NMCP is a six-month program intended to transition military and civilian Registered Nurses with minimal clinical experience to military medicine and the profession of nursing. Aboard the USNS COMFORT, the nurse residents were able to solidify

foundational nursing skills, foster independence, and participate in the rich history of naval tradition at sea.

The nurse residents were assigned to various patient care areas throughout the ship to care for a variety of patient populations, alongside more experienced Nurse Corps officers, Medical Corps officers, and Hospital Corpsmen. The bulk of the mission aboard ship was

*Continued on page 16*



## Maiden Voyage (cont.)

surgical. Therefore, nursing care on the wards involved quickly cycling large volumes of patients through pre-op, post-op, and discharge. This exposed new nurses to many different facets of nursing care and allowed them to see and influence patients through each step of the process.

At the on-shore medical sites (i.e., clinics set-up in the communities for patient care and surgical screening), nurse residents assisted with triage, discharge, and patient flow in a primary care environment. Hundreds of patients were seen daily at each medical site throughout the mission.

Bringing care to the community enabled nurse residents to adapt and meet the challenges of nursing care in an austere environment. Each nurse resident gained an understanding of the impact their nursing care had on the people and countries they visited. The magnitude of patient impact was echoed in **ENS Kimberly Hill's** statement, "A patient hugged me with tears in his eyes and told me 'Thank you! I can see again,' and asked the interpreter to let me and the surgeon know how thankful he was for our services. I'm here on the COMFORT for moments like this, and it is an absolute blessing to be a part of this team."

The group gained a further appreciation for and understand-

ing of Navy history and tradition. The nurse residents spent the first Navy Birthday of their commissioned careers while underway. Additionally, they participated in Wardroom activities, met and built relationships with officers from various areas and occupations in the Navy, and grew personally and professionally as Naval Officers.

The residents are extremely thankful for the opportunity to participate in this mission and everything their leadership has done for them. **ENS Rachel Martin** stated, "Serving aboard the USNS COMFORT has been pivotal in my development as a new officer and nurse. I am honored to have this opportunity to serve our friends in Central and South America during the Enduring Promise mission." **ENS Leah Fiedler**, who is a nurse fellow with critical care experience, is grateful for being part of the mission. She stated,



Paita, PERU (08Nov2018): Nurse Residents aboard USNS COMFORT (T-AH 20) during Enduring Promise 2018/Released.

"As a prior enlisted sailor and experienced nurse, I must say that this has been an experience comparable to military excellence seen throughout the Navy! It's been an honor to be part of this mission, representing our country in such a fashion that embodies standards of leadership, commitment, servitude, and compassion."

Upon return to NMCP, the nurses will move forward in their Navy nursing careers with a 'heavier toolkit' of capabilities and knowledge, having completed a deployment within their first six months of naval service!~



The USNS Comfort Navy Nurse Corps demonstrate an inclusive and unified "Movember-Wovember" effort during the ship's 2018 MWR Mustache Competition. (Released)

*Editor's Note: We're so happy that you fit fun into your voyage, too! Fair winds and safe travels home!*





# Nurse Corps News

Volume 12, Issue 6 ~ November/December 2018

## Happy Holidays, Nurse Corps!



### US Navy Nurses Happy Holidays

Keep a Warm Heart and  
Spread the Joy Around You.

2018



See more  
Nurse Corps  
Holiday  
Photos on  
[our Flickr  
site!](#)



Nursing award recipients at the AMSUS Annual Awards Banquet held Nov. 29, 2018 at the National Harbor Gaylord Convention Center, Oxon Hill, Maryland. From left to right, LCDR Michael Rucker, Ms. Andrea Ward-Wiley, CAPT Jessica Beard. Photo by CAPT Carolyn McGee / Released.



**AMSUS**  
The Society of Federal Health Professionals

AMSUS 2018 Annual Conference. **CDR Sophia Lawrence**, NC, DNP, PMHNP delivers a poster presentation on "Improving Depression Follow-Up Management in the Primary Care Clinics." Photo by CDR Sonya Waters/Released.





### Certifications

**CDR Neva Fuentes**, Navy Medicine West Region Training Officer, obtained her Nursing Professional Development certification (NPD).

**LCDR Jessica M. Orzechowski**, NMC San Diego, obtained her Acute Care Clinical Nurse Specialist-Adult-Gerontology (ACCNS-AG).

**LCDR Courtney Powell**, NMC Portsmouth, obtained her certification as an Adult Gerontology Clinical Nurse Specialist through the ANCC.

**LT Dana N. Amezaga**, USNH Guam, obtained her Emergency Nurse Certification (CEN).

**LT Stacy Bourne**, USNH Guam, achieved her certification as a Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A).

**LT Delaney Boyce**, NMC San Diego, obtained his Critical Care Certification (CCRN).

**LT Allan Bullington**, NMC Portsmouth, earned his certification in Operating Room Nursing (CNOR).

**LT James Carter, II**, USNH Guantanamo Bay, obtained his CEN.

**LT Acacia Elmer**, USNH Naples, earned her Certification in Obstetrical nursing (RNC-OB), as well as her International Lactation Consultant Certification.

**LT David Frey**, NMC San Diego, achieved board certification as Psychiatric Mental Health Nurse.

**LT Joshua H. Gilliam**, NMC Portsmouth, obtained his American Midwifery Certification.

**LT Paul Gonzales**, NH Bremerton, obtained his CEN.

**LT Sekiya Johnson**, NHC Cherry Point, obtained her Ambulatory Care Board Certification.

**LT Nicole Kellymoore**, NMC Portsmouth, received her certification as a Progressive Care Nurse (PCCN).

**LT Lori Leslie**, USNH Sigonella, obtained her Inpatient OB RN-Certification .

**LT Christopher Macdonald**, NMC Portsmouth, obtained his Pediatric Nursing Certification.

**LT John McDuffie**, NH Beaufort, achieved his certification as a Post-Anesthesia Nurse (CPAN).

**LT Phillip Nette**, USNH Rota, obtained his CEN.

**LT Anthony Njoroge**, Fort Belvoir Community Hospital, obtained his CCRN.

**LT Melissa A. Schmidt**, NMC San Diego, obtained her Inpatient Obstetric Nursing certification.

**LT Jessica Tate**, USNH Naples, received her CEN.

**LT Genevieve Theard**, USNH Rota, obtained her CEN.

**LT Haley Willis**, NH Camp Pendleton, obtained her CCRN.

**LT Leonard Wilson**, NH Beaufort, achieved his certification as a Family Nurse Practitioner (FNP).

**LTJG Randall Barlow**, 1st Medical Battalion, Camp Pendleton, obtained his CCRN.

*Continued on page 19*





### Certifications

**LTJG Stephanie Beaulieu**, NMC Portsmouth, obtained her CEN.

**LTJG Amber E. Collins**, USNH Sigonella, obtained her certification as a Maternal Newborn Nurse (RNC-MNN).

**LTJG Kristin Davis**, NMC San Diego, earned her certification as a Psychiatric Mental Health Nurse.

**LTJG Shawnt'a Johnson**, USNH Guantanamo Bay, Cuba, obtained her CCRN.

**LTJG Alex P. Pantages**, WRNNMC, obtained his CCRN.

**LTJG Monique Reyes**, 1st Medical Battalion, Camp Pendleton, obtained her CCRN.

**LTJG Casey Shalkowski**, 1st Medical Battalion, Camp Pendleton, obtained his CCRN.

**LTJG Joyce Sim**, NMC San Diego, obtained her certification as a Medical-Surgical Registered Nurse (CMSRN).

**LTJG Nick Strizver**, NH Camp Pendleton, obtained his certification CCRN.

**ENS Karl Antoine**, NMC San Diego, achieved his certification as a Medical-Surgical Registered Nurse.

**ENS Chris Kelling**, NH Camp Pendleton, obtained his CEN.

**ENS Althea Matteson**, Fort Belvoir Community Hospital, obtained her CMSRN.

### Recognition



**LT Ashley Flynn** (above) was featured in an episode of "[Faces of the Fleet](#)," which is the first episode to feature a Navy Medicine staff member. It showcases some of what Navy Nurses do on hospital ships, what it's like taking care of wounded warriors, and what it means to be a Navy Nurse. "During the filming, I was convinced they were featuring the wrong person since there were so many Navy nurses doing incredible things, but the film crew did an awesome job and I am humbled to represent such an awesome group," LT Flynn says. *We're proud to have you represent us, LT Flynn!*

**LCDR Joshua A. Wymer**, of NMC San Diego, has been elected to the Board of Directors for the Competency & Credentialing Institute (CCI). The CCI "is a leader in credentialing, nursing competency assessment, and education for the perioperative nursing community." The CCI administers "the Certified Operating Room Nurse (CNOR) credentialing program, and also administers the Certified Surgical Services Manager, Certified Registered Nurse First Assistant, and Clinical Nurse Specialist Perioperative Certification credentialing programs."

Interested in learning more about Promotion Boards? [Check out this video of a mock board](#); it's about 40 minutes (and the sound cuts in and out a little), but it's a great example of a mock promotion board.

Thanks, NMC San Diego!

